



## Complete Summary

---

### TITLE

Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12 month reporting period.

### SOURCE(S)

American Psychiatric Association (APA), Physician Consortium for Performance Improvement® (PCPI), National Committee for Quality Assurance (NCQA). Substance use disorders physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jul. 22 p. [11 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12 month reporting period.

### RATIONALE

Depression is one of the most common co-occurring psychiatric conditions in patients with substance use disorders and a condition for which a variety of screening methods have proven effective. Identifying depression and other co-occurring psychiatric disorders in patients with substance use disorders is essential for proper management and key to developing an integrated treatment approach, which is associated with better outcomes. Despite its importance,

research has shown that more than 30% of patients with risk factors for depression, including alcohol or other drug abuse, were not asked about the presence or absence of depression or depressive symptoms.

The following clinical recommendation statements are quoted *verbatim* from the referenced clinical guidelines (from the American Psychiatric Association [APA]) and represent the evidence base for the measure:

All patients with a substance use disorder should be carefully assessed for the presence of co-occurring psychiatric disorders, including additional substance use disorders. (APA, 2006)

All positive screening tests should trigger full diagnostic interviews that use standard diagnostic criteria (i.e., those from the fourth edition of Diagnostic and Statistical Manual of Mental Disorders [DSM-IV]) to determine the presence or absence of specific depressive disorders, such as major depression and/or dysthymia. The severity of depression and comorbid psychological problems (e.g., anxiety, panic attacks, or substance abuse) should be addressed. (U.S. Preventive Services Task Force [USPSTF], 2002)

In general, treatment of depressive symptoms of moderate to severe intensity should begin concurrently or soon after initiating treatment of the co-occurring substance use disorder, particularly if there is evidence of prior mood episodes. In individuals without prior episodes of depression or a family history of mood disorders, it may be appropriate to delay the treatment of mild to moderate depressive symptoms for the purpose of diagnostic clarification. Clinicians are advised to monitor symptoms, assess and reassess for suicidal ideation, provide education, encourage abstinence from substances, and observe changes in mental status during the substance-free period while actively considering whether antidepressant intervention is indicated. (APA, 2006)

## **PRIMARY CLINICAL COMPONENT**

Substance abuse or dependence; screening for depression

## **DENOMINATOR DESCRIPTION**

All patients aged 18 years and older with a diagnosis of current substance abuse or dependence (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Patients who were screened for depression within the 12 month reporting period

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### **NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [Practice guideline for the treatment of patients with substance use disorders.](#)

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Overall poor quality for the performance measured  
Use of this measure to improve performance

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Asch SM, Kerr EA, Keeseey J, Adams JL, Setodji CM, Malik S, McGlynn EA. Who is at greatest risk for receiving poor-quality health care. N Engl J Med 2006 Mar 16;354(11):1147-56. [32 references] [PubMed](#)

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Community Health Care  
Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians  
Psychologists/Non-physician Behavioral Health Clinicians  
Social Workers

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

### TARGET POPULATION AGE

Age greater than or equal to 18 years

### TARGET POPULATION GENDER

Either male or female

## **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### **Characteristics of the Primary Clinical Component**

#### **INCIDENCE/PREVALENCE**

See the "Rationale" field.

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

Unspecified

#### **UTILIZATION**

Unspecified

#### **COSTS**

Unspecified

### **Institute of Medicine National Healthcare Quality Report Categories**

#### **IOM CARE NEED**

Getting Better  
Living with Illness

#### **IOM DOMAIN**

Effectiveness

### **Data Collection for the Measure**

#### **CASE FINDING**

Users of care only

#### **DESCRIPTION OF CASE FINDING**

Patients aged 18 years and older with a diagnosis of current substance abuse or dependence

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

All patients aged 18 years and older with a diagnosis of current substance abuse or dependence

### **Exclusions**

Documentation of medical reason(s) for not screening for depression

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Encounter

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Patients who were screened for depression within the 12 month reporting period

### **Exclusions**

None

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Encounter or point in time

## **DATA SOURCE**

Administrative data  
Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information****ORIGINAL TITLE**

Measure #3: screening for depression among patients with substance abuse or dependence.

**MEASURE COLLECTION**

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

**MEASURE SET NAME**

[Substance Use Disorders Physician Performance Measurement Set](#)

**SUBMITTER**

American Medical Association on behalf of the American Psychiatric Association, the Physician Consortium for Performance Improvement®, and the National Committee for Quality Assurance

## **DEVELOPER**

American Psychiatric Association  
National Committee for Quality Assurance  
Physician Consortium for Performance Improvement®

## **FUNDING SOURCE(S)**

Unspecified

## **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Daniel Kivlahan, PhD (*Co-Chair*); Mark L. Willenbring, MD (*Co-Chair*); James G. Adams, MD; Joann Albright, PhD; Charles E. Argoff, MD; Ray M. Baker, MD; Richard L. Brown, MD, MPH; Audrey Burnam, PhD; Mirean Coleman, MSW, LICSW, CT; Edward C. Covington, MD; Thomas J. Craig, MD, MPH; Ann Doucette, PhD; Larry M. Gentilello, MD; Eric Goplerud, PhD, MA; Constance Horgan, ScD; Herbert D. Kleber, MD; Petros Levounis, MD; Bertha K. Madras, PhD; Frank McCorry, PhD; Ann H. Messer, MD; Michael M. Miller, MD, FASAM, FAPA; Doug Nemecek, MD, MBA; Harold Alan Pincus, MD; Rhonda Robinson-Beale, MD; Richard N. Rosenthal, MD; Darlene Warrick McLaughlin, MD; Scott C. Williams, PsyD

Beatrice Eld, American Psychiatric Association; Robert Plovnick, MD, MS, American Psychiatric Association

Joseph Gave, MPH, American Medical Association; Karen Kmetik, PhD, American Medical Association; Shannon Sims, MD, PhD, American Medical Association; Samantha Tierney, MPH, American Medical Association; Richard Yoast, PhD, American Medical Association

Lisa Nern, MSW, National Committee for Quality Assurance; Philip Renner, MBA, National Committee for Quality Assurance

Sylvia Publ, MBA, RHIA, Centers for Medicare & Medicaid Service

Rebecca Kresowik, PCPI Consultant; Timothy Kresowik, MD PCPI Consultant

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## **ADAPTATION**

Measure was not adapted from another source.

**RELEASE DATE**

2008 May

**REVISION DATE**

2008 Jul

**MEASURE STATUS**

This is the current release of the measure.

**SOURCE(S)**

American Psychiatric Association (APA), Physician Consortium for Performance Improvement® (PCPI), National Committee for Quality Assurance (NCQA). Substance use disorders physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jul. 22 p. [11 references]

**MEASURE AVAILABILITY**

The individual measure, "Measure #3: Screening for Depression Among Patients with Substance Abuse or Dependence," is published in the "Substance Use Disorders Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

**NQMC STATUS**

This NQMC summary was completed by ECRI Institute on June 25, 2008. The information was verified by the measure developer on August 13, 2008.

**COPYRIGHT STATEMENT**

© 2008 American Medical Association and National Committee for Quality Assurance. All Rights Reserved.

CPT® Copyright 2007 American Medical Association

**Disclaimer****NQMC DISCLAIMER**

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at <http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx>.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

© 2008 National Quality Measures Clearinghouse

Date Modified: 11/10/2008

